

Case Number:	CM14-0199192		
Date Assigned:	12/02/2014	Date of Injury:	12/29/2013
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 25 year old female with an injury date of 12/29/13. Based on the 06/26/14 progress report, the patient complains of lumbar spine and lower back pain. She has spasms and a positive straight leg raise. The 09/03/14 report states that the patient has low back pain which he rates as a 6-8/10. There is increased lordosis and she has a limited range of motion. The 10/17/14 report indicates that the patient has tenderness of her lumbar spine. The patient's diagnoses include the following: Lumbar spine musculoligamentous sprain/strain with right sacroiliac joint sprain and history of right lower extremity radiculitis with MRI scan dated 03/05/14 revealing at L4-L5 a central annular fissure with a broad-based posterior disc bulge with mild facet arthropathy and at L5-S1 a broad-based posterior disc bulge and mild facet arthropathy with minimal narrowing of the bilateral lateral recesses. Thoracic spine musculoligamentous sprain/strain Coccygodynia. History of emotional complains of stress and anxiety secondary to chronic physical pain and disability. The utilization review determination being challenged is date 11/04/14. Treatment reports were provided from 02/24/14- 10/17/14. Reports were hand-written and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic 2 Times A Week for 6 Weeks for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with lumbar spine pain and lower back pain. The request is for chiropractic care 2 times a week for 6 weeks for the lumbar spine. MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. The 05/05/14 chiropractic care note states that the patient has finished her initial 6 chiro-care "with a fair to good progress. She is experiencing less mid-back and low back pain and stiffness. She reports that her pain is not constant anymore. The 05/29/14 chiropractic care note states that the "patient reports that she feels better after the chiro-therapy." The 06/16/14 report says that the patient again finished "6 visits chiro-care with fair progress." In this case, it appears as though the patient has already had a total of 12 sessions of chiropractic care with "fair progress." MTUS guidelines "allow up to 18 sessions of treatments following initial trial of 3-6" sessions. An additional 12 sessions of chiropractic care to the 12 sessions the patient has already had would exceed what is allowed by MTUS guidelines. Therefore, the requested 12 sessions of chiropractic care is not medically necessary.